

DEPARTMENT OF FINANCE AND ADMINISTRATION



**DRUG FREE WORKPLACE POLICY
Employee Acknowledgment**

I, _____, an employee of the Department of
(printed name)
Finance and Administration, hereby certify the following:

- * I have received a copy of this agency's policy regarding the maintenance of a drug free workplace.
- * I realize that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on this agency's premises, and violation of this policy can subject me to disciplinary action, up to and including termination.
- * I realize that as a condition of employment, I must abide by the terms of this policy and will notify my employer of any criminal drug conviction for a violation occurring in the workplace no later than five days after such conviction.
- * I further realize that, if I am working on a project supported by a federal agency, federal law mandates that my employer communicate this conviction to the federal agency, and I hereby waive any and all claims that may arise for conveying this information to the federal agency.

Signature

Date